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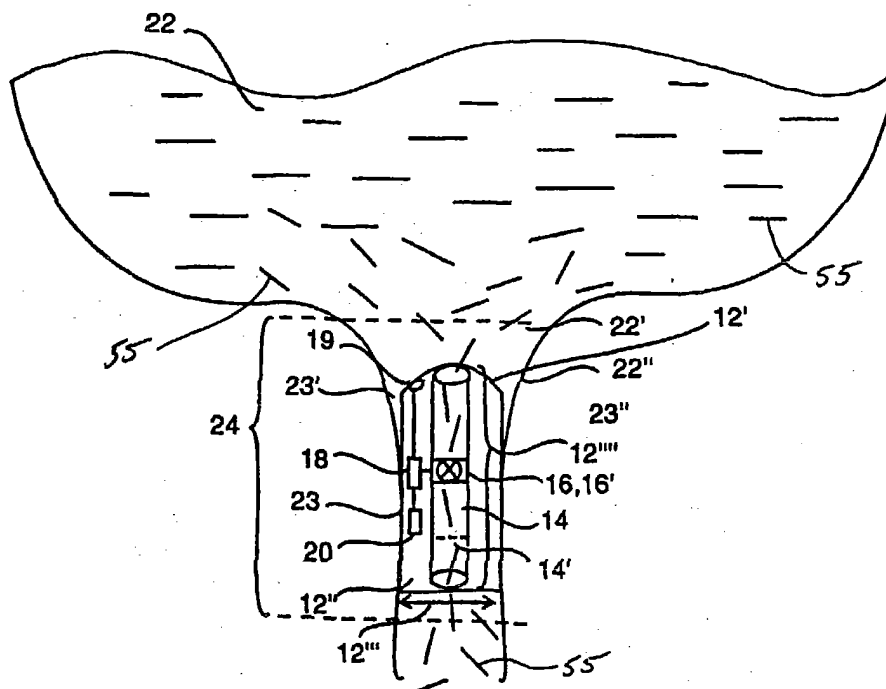
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(54) Title: INTRAURETHRAL CONTINENT PROTHESIS



(57) Abstract

This invention is an implanted plug (10) used to treat urinary incontinence including a plug member (12) with one or more lumens (14), a valve (16), an electronic control unit (18), at least one sensor (19), and an energy storage device (20).

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## INTRAURETHRAL CONTINENT PROTHESIS

**Inventors: Ananth Natarajan and Nitish V. Thakor**

5           This application claims the benefit of U.S. Provisional Application No. 60/100,396, filed September 15, 1998, entitled "Implanted Controllable Valve Apparatus."

### Field of Invention

10           The present invention relates to methods and apparatus for treatment of diseases and pathologies of the bladder, urinary sphincter or other sphincters.

### Background

15           Urinary incontinence affects 13 million American women. Incontinence is the involuntary loss of urine which is sufficient to impact the life style of the patient. Among community dwelling older adults, the reported incidence of incontinence is 3-25% with 15-36% complaining of severe incontinence. Further, these numbers are anticipated to rise substantially as the population ages. It is a major cause of deterioration of the quality of life and loss of independence. In fact, incontinence  
20           has been implicated as a major factor influencing individuals (and their families) to opt for admission into a nursing home, as they are no longer able to provide adequate care at home.

          The predominant type of incontinence in women is genuine stress urinary incontinence (GSUI, which is implicated in 75 – 80% of cases). It is usually caused  
25           by a weakening of the pelvic floor muscles which is often associated with childbearing. This results in the displacement of the proximal urethra outside of the abdominal pressure zone. Therefore, an increase in intra-abdominal pressure is transmitted to the bladder but not to the urethra. The result is an involuntary loss of urine with cough, sneeze, or even with acts as simple as walking. Not surprisingly,  
30           a considerable amount of work has gone into development of a solution for this problem. Several treatments have been developed which aim to lift the bladder

neck back into the abdomen. These procedures include the Burch urethropexy, the Kelly application, and the Marshall-Marchetti-Krantz suspension. The unfortunate downside to each of these is that they require surgical intervention and its associated morbidity. A minimally invasive, non-surgical therapy would be a significant

5 improvement in the treatment of these patients.

### **Summary of the Invention**

One preferred embodiment of the present invention relates to an implantable apparatus including a plug member having a lumen and a valve adapted to open and  
10 close the lumen in response to a signal. The apparatus also includes at least one sensor and a controller adapted to control the valve.

In one aspect of certain embodiments, the controller is programmable to open the valve to permit the flow of urine under at least one mode of operation selected from a predetermined time interval operation, a sensor operation, and a  
15 manual actuation operation.

Another embodiment relates to a flow control apparatus for insertion into a patient's body, including an intravesicular pressure transducer and a polyelectrolytic hydrogel.

Another embodiment relates to a sphincter including an inner ring and an  
20 outer ring spaced a distance from the inner ring. The sphincter includes a plurality of hydrogel fibers extending between the inner ring and the outer ring.

Another embodiment relates to a sphincter having an inner tube and an outer tube surrounding the inner tube. The sphincter includes at least one hydrogel fiber wrapped around the inner tube. The hydrogel fiber is designed to contract in  
25 response to a signal and close the inner tube.

Yet another embodiment relates to an apparatus for controlling urine flow in a patient, including valve means for controlling the flow of urine. The valve means is implantable in the patient's body. The apparatus also includes a control means external to the patient's body for supplying a signal to control the valve means.

30 Another embodiment relates to an apparatus for controlling the flow of a substance in a patient's body. The apparatus includes an implantable valve placed at

a position along the route that the substance flows through the body, and a controller for opening and closing the valve in response to an input provided by the patient.

Other embodiments relate to methods including a method to control the flow of urine in a patient, including implanting a plug device including an integral  
5 controller, a valve, and at least one sensor into the patient. An increase in an intravesicular pressure is sensed in at least one of the bladder and urethra, and a signal is supplied to the controller in response to the pressure increase. The valve is opened when the pressure reaches a first predetermined amount and closed when the pressure decreases to a second predetermined amount.

10 Still another embodiment relates to a method for controlling the urinary flow of a patient including positioning a valve in the patient in a location selected from the group of the urethra and the bladder. An electrical signal to a hydrogel component may actuate the valve and control the flow of urine.

Still another embodiment relates to a method for controlling the opening and  
15 closing of an implanted valve in a patient, including providing an implanted first control device in the patient to open and close the valve. A second control device is provided outside of the patient, and the first control device is programmed by sending a signal from the second control device to the first control device.

## 20 **Brief Description of the Drawings**

Certain embodiments of the invention are described with reference to the accompanying drawings which, for illustrative purposes, are not necessarily drawn to scale.

FIG. 1 is a schematic illustration of one embodiment of the present  
25 invention.

FIG. 2A is a lateral view illustrating an apparatus and the placement of the apparatus in the urinary tract according to an embodiment of the present invention.

FIG. 2B is a lateral view illustrating an embodiment having a plug member with a conical section and a elongated cylindrical section.

30 FIG. 3 is block diagram illustrating the function of a controller according to an embodiment of the present invention.

FIG. 4 is a block diagram illustrating the function of the external controller.

FIG. 5 illustrates a hydrogel actuated operation of planar helical sphincter according to an embodiment of the present invention.

FIG. 6 illustrates a linear helical sphincter actuated by hydrogel fibers according to an embodiment of the present invention.

#### **Detailed Description**

Certain embodiments of the present invention relate to a self-contained “intelligent” artificial urethral sphincter. In one preferred embodiment, the flow control apparatus is manufactured from a polyelectrolytic hydrogel and is controlled by an intravesicular pressure transducer. A plurality of materials and actuators may be used to achieve the actuation. Most episodes of involuntary loss of urine result from transient rises in intravesicular pressure (lasting less than one second). The artificial urethral sphincter will remain closed during these episodes, allowing the patient to remain continent. When the patient does desire to void, she need only strain in a manner which very closely mimics the natural physiology of micturition. Embodiments preferably use a sensor to monitor increase in the intravesicular pressure lasting over 1.5 seconds, and then trigger the sphincter to open, allowing free passage of urine. Alternatively, for older patients who are unable to strain effectively, the pressure sensor detects direct suprapubic pressure applied with one hand and subsequently trigger the urethral sphincter. Embodiments provide a non-surgical office based solution to the problem of stress incontinence, and could fundamentally and significantly alter the prevailing approach to the treatment of these patients.

Referring now to Figs. 1 and 2A, one embodiment of an implanted plug apparatus 10 (also called plug 10) used to treat urinary incontinence comprises a plug member 12 with one or more lumens 14, a valve 16, an electronic control unit 18 (also called controller 18), at least one sensor 19 (which, if desired, may be located on the plug member 12) and an energy storage device 20. Valve 16 is preferably integral to or disposed over lumens 14. Valve 16 is preferably electronically coupled to electronic control unit 18. Electronic control unit 18 is

also coupled (preferably via radiotelemetry or other electromagnetic communication means) to an external control unit 21 which is located outside the body. Plug 10 is designed to be implanted in the bladder 22 and/or urethra 23 at implant site 24 described herein, in order to regulate the flow of urine from bladder 22. In various other embodiments, plug 10 is adapted to be implanted anywhere in the gastrointestinal tract including, but not limited to, the pyloric valve and the anal sphincter to treat various diseases and pathologies associated with improperly functioning valves and/or sphincters.

Referring now to Fig. 2A, plug member 12 has a proximal portion 12' and distal portion 12'' and is adapted to fit into the neck 22' of bladder 22 and/or upper (proximal) portions 23' of urethra 23 or portions of both but preferably extending no more than about one to about two centimeters into the urethra 23. This position as an implant location 24 for plug 10 reduces the likelihood of a bladder or urinary tract infection. The plug body 12 may have a variety of shapes including, but not limited to, cylindrical, cone shaped, cork shaped, or a combination thereof. In one embodiment, as shown in Fig. 2B, plug member 12 comprises a conical proximal section 12' attached to a cylindrical distal section 12''. Also, plug member 12 may be tapered over all or a portion of its length including but not limited to its proximal and distal portions 12' and 12''. The taper can be straight or curved (such as concave and convex). In certain embodiments, the diameter of plug member 12 preferably range from about 0.2 to about 1.3 cm with more preferred embodiments of 0.6, 0.9 and 1.2 cm. The percent taper may preferably range from 0 to about 50% with preferred embodiments of about 10, 20, 30 and 40%. The diameter 12''' of at least a portion of the plug member 12 is preferably large enough to plug bladder neck 22' and/or urethra 23' and in certain embodiments can range from about 0.2 to 4 cm, with specific preferred embodiments of about 1, 2, 3 and 4 cm. Certain embodiments of the plug 12 are generally sized to fit within the urethra 23 and may also be sized to fit within at least a portion of the bladder 22 such as the bladder neck 22'. Also in various embodiments the length 12'''' of plug member 12 can range from about 0.1 to 10 cm, with specific preferred embodiments of about 1, 2, 6, and 8 cm.

All or a portion of plug member 12 can be composed of a resilient material that may be compressed into a body lumen (such as the bladder neck or urethra) and subsequently expands back to fill and otherwise conforms interior 22" of bladder neck 22' and/or the interior 23" of urethra 23 to prevent the passage of any fluid through bladder neck 22' and or urethra 23. Suitable materials for plug member 12 include any number of elastomeric polymers including, but not limited to, silicone rubber, polyurethane and foams of either material using molding or multilumen extrusion technology and other polymer processing methods known in the art. Some other possible materials for plug member 12 include expanded PTFE and other hydrophobic microporous materials which block the flow of aqueous and other liquids but allow the passage of gas including water vapor. The use of such microporous materials provide a distinct technical advantage of preventing and/or reducing pressure differentials across plug member 12 which may unseat plug member 12 from its intended implant location 24, or otherwise compromise the fluid blocking integrity of the plug member 12.

Lumens 14 can extend all or a portion of the length of plug member 12. The diameter 14' preferably ranges from about 0.0002 cm to about 1.3 cm, with more specific embodiments of about 0.013, 0.025, 0.06, 0.13, 0.19, 0.25 and 0.6 cm. Embodiments with diameters smaller than about 0.002 cm may in certain embodiments be used to allow the passage of gas while blocking that of fluid due to surface tension properties. In certain embodiments the valve 16 can preferably be chosen from a variety of fluid valves including, but not limited to ball valves, needle valves, compression valves, pinch valves, solenoid valves, pressure differential valves, constriction valves and stop-cock valves. Valves 16 may be mechanically, pneumatically, or electromechanically actuated and may be actuated by an actuating device 16'. Additionally, valves 16 may be one way (bladder to urethra bias) or two-way. In certain embodiments valve 16 is designed to have an open fail safe position, e.g. it is designed to fail in the open position and the open position is the default position of valve 16. Also the flow aperture of valve 16 is preferably selectable in the continuous range from 0 to 100% open. Valve 16 can be constructed using a variety of methods such as molding, mechanical assembly and micro-machining.



Controller 18 provides the time interval and duration for the opening and closing of valve 16 as well as the amount of the opening of valve 16. Controller 18 may comprise an ASIC, custom designed very large scale integrated (VLSI) chip based microcontroller, or programmable microprocessor or microcontroller 18' such as any one of the CMOS low power microprocessors such as 80C85 from Intel, 6805 series microprocessor from Motorola, or a Stamp microprocessor from Parallax, Inc. As shown in FIG. 3, controller 18 may include an integral or connected ROM chip 18" for the storage of data and control algorithms (e.g. electronic instructions) and an integral or electrically connected timer chip 18"". The controller 18 may receive electronic inputs 26 from sensors 19 and has electronic outputs 28 to valve 16 which cause the opening or closing of valve 16. The controller 18 may be electronically coupled to and powered by an energy storage device 20 which may be a battery 20. The battery 20 may be rechargeable or single use. The controller 18 may also be preferably coupled to a transceiver device 40 for communication with external controller 21 as will be discussed herein.

Chemistries for battery 20 may include, but are not limited to, lithium, lithium ion, lithium polymer, nickel-cadmium, and nickel-metal hydride. The voltage of battery 20 may be measured using a voltage comparator 25 or other voltage sensing circuit 25 that is integral or otherwise electrically coupled to controller 18 and battery 20.

Sensors 19 include, but are not limited to: strain gauge pressure sensors for sensing bladder and urine hydrostatic pressure; pH sensors for sensing urine pH; LEDs and photomultipliers for sensing urine optical density and/or concentration; chemical FETs for sensing pH, ammonia ion glucose and other chemical concentrations; Clarke electrodes for sensing dissolved oxygen concentrations; flow sensors such as ultrasound, electromagnetic or anemometric sensors (thin film) for sensing both urine flow rates and volumes; and optical, electrical resistance or LVDT sensors for sensing bladder wall tension and displacement.

Under normal conditions the valve 16 is maintained by the controller 18 in a closed position. The controller 18 may preferably be programmed by the patient to sufficiently open valve 16 to allow the passage of urine 55 under three modes of

operation: i) a time mode, where valve 16 opens at preset time intervals programmed into controller 18, where the time intervals may include periods from about 0.1 to about 8 hours with preferred intervals of about 0.5, 1, 2, 3 and 4 hours; ii) sensor mode, where input from sensors 19 relating to the volume, pressure or physical properties (e.g. chemical content) of urine in the bladder causes valve 16 to open; and, iii) manual mode, where the user manually causes valve 16 to open based on user input to external controller 21. Controller 18 may be used to alert the patient of an impending valve opening, over a range of user selected alert times, preferably in the range of about 1 to 30 minutes, with preferred alert times of about 5, 10, 15 and 20 minutes. Alerts may be in the form of an audible sound such as a beep or a vibration (produced by components/devices described herein) and may be selected by the patient using external controller 21. In certain embodiments, controller 18 may open valve 16 for a fixed time (e.g., about 0.1 to about 5 minutes, with preferred embodiments of 0.5, 1 and 2.5 minutes) or in an alternative embodiment, may control the opening of valve 16 based on feedback control using input parameters such as bladder pressure, bladder wall tension, urine flow rate, and/or total volume of urine voided, which may all be derived or calculated based on inputs from sensors 19. As a safety precaution to prevent hydronephrosis, hydroureter or other distention of bladder 22 or urethra 23, controller 18 may be programmed to open valve 16 at a preset time from the last void (e.g. 1 to 4 hours) which would repeat at set intervals (e.g. 1 to 4 hours) should any of the following conditions occur: i) the user does not input a void time interval or other sensor mode or otherwise does not void within a preset time; ii) a communications break occurs between controller 18 and external controller 21, iii) a malfunction occurs in valve actuator 16', sensors 19, controller 18 or energy storage device 20 (e.g., low or dead battery which would be detected via the use of voltage comparator 23).

In certain embodiments external controller 21 may comprise a wristwatch device or belt-worn device similar in size and shape to a pocket beeper. Referring now to Fig. 4, the external controller may preferably include a microprocessor 32, one or more buttons 34, a display 35 (including, but not limited to an LED display), an audible alarm 36 (such as a speaker), a vibration device 38, and a radio frequency

transceiver 40'. Buttons 34 allow the patient to input various settings and values into microprocessor 32 for communication to controller 18 via transceiver 40. Such inputted values may include alert times and void time intervals which may be stored in a memory register of microprocessor 32. Buttons 34 may also allow the user to  
5 override a preprogrammed void or to initiate a manual void in a selectable amount of time. Additionally, buttons 34 may allow the user to reprogram the clock time maintained by controller 18. Controller 18 and external controller 21 may preferably communicate via transceivers 40 and 40' via radio frequency (or other electromagnetic medium) at preset regular intervals. Controller 18 may inform  
10 external controller 21 of its functional status, as well as other information such as next void time and current void program mode (e.g. time or bladder pressure). Controller 18 may also alert external controller 21 of any malfunction of plug device 10, which may cause audible alarm 36 to sound and/or vibration device 38 to go off, and may cause the display of the malfunction to appear on display 35.

15 Certain preferred embodiments are constructed from "biomimetic" materials. Biomimetic materials are a class of materials that utilize biologically inspired, biologically compatible materials that are capable of existing within the human body's hostile environment. The environment imposes significant restrictions in terms of size, temperature, pH, power limitations, and  
20 biocompatibility. A plurality of mechanisms, including, but not limited to mechanisms such as electromechanical valves, a piezo-electric actuators, shape memory alloy valves and actuators, and hydrogels may be used in certain embodiments.

In one embodiment, an electromechanical mechanism for a valve or a  
25 sphincter is designed from metallic parts and actuated by electromagnetic, pneumatic or hydraulic forces. The valve may reside inside the urinary tract and under the aforementioned actuation mechanisms, the valve may be opened or closed. The valve may then permit the flow of urine from the bladder down the urinary tract. The dimensions of the valve may conform to the size of the urinary tract. A preferred  
30 location of the valve would be at the interface of the bladder and urethra. Other preferred locations are down the urethral vessel.

In yet another embodiment, a piezo-electric actuator is used to create movement of the valve or the sphincter using crystals such as PZT. An advantage of such an actuator is that the power consumption is low and transduction efficiency is high. The crystal is driven by a high voltage source. Preferred locations are again at the interface of the bladder and urethra, and down the urethral vessel.

In yet another embodiment, shape memory alloys (SMA) such as Nitinol (alloy of Nickel and Titanium) are used. The SMA have the property that when heated, they hold one set of stress-strain relationship (modulus of elasticity), and when cooled, another one. In a preferred design of the device, a single or multiple strand of SMA wires is coiled to form a spring shaped valve design. In effect, the heated SMA would coil or constrict and a cooled one would uncoil or open up. An advantage is the enormous forces that can be produced by this actuator and its composition would make it very durable and reliable. In yet another design, two sets of wires working as agonist and antagonist are used to open and close the orifice by the relative strength of the opposing actions of these actuators.

Hydrogels are a class of polymers that form gel like substances from constituent polymer matrix. The hydrogel matrix is capable of changing its shape in response to stimuli such as changes in pH, use of different fluids such as acetone, ionic concentrations, and passage of electrical current. A unique property of hydrogels is a muscle like property of expanding and contracting and producing force. In the design of urinary catheter and actuator/valve, the hydrogel materials offer many benefits, including: biocompatibility, low power, biomimetic muscle like actuation. The ionic concentrations or pH of the fluids, and the actuation command such as the fluid used, its pH or the electrical current, determine the hydrogel properties.

In one embodiment, the hydrogel is actuated under voluntary action, under electrical field action. Preferably, a hydrogel known as a polyelectrolytic gel, is used. Application of an electrical field affects the properties of the polyelectrolytic gel, causing it to shrink or swell, stretch or contract, and by that action, carry load. Preferred materials are polyvinyl alcohol (PVA) with an average molecular weight of about 100,000 and polyacrylic acid (PAA) with a molecular weight of about

500,000 to 1,000,000. These polymeric gels produce tangled network when immersed in a liquid medium and they are neither wholly solid nor liquid. Different formulation of the hydrogels, including, but not limited to mainly strands, stand bundles, strips and tubings, may be used. Polyelectrolytic hydrogels (p-gels) offer the possibility of controlling the gel mechanics via external chemical or electrical means. The p-gels contain ionizable, redox or photoactive functional group. Ion exchange initiated chemically or electrically results in reversible swelling of the gel. The gel typically contains a cross-linked network of polymer chain, salt, counter ions and solvent. The gel swells or changes shape when under changes in ionization conditions, the molecular chain shows shape change (e.g., from long active strand to highly coiled network). Dissociation and re-association of ionizable groups to the polymer causes modulation of polymer chain conformation because of electrostatic interactions. It should be noted that polyelectrolytic gels generally need an electrolytic or solvent bath for operation. Use of gel in the bladder or urethra may be feasible, but preferably, the gel fibers along with the electrolyte reside within the annulus of the double walled urethral tubing so that contact with body fluids is minimized and biocompatibility and infection/contamination are reduced or eliminated.

A preferred mode of operation of the polyelectrolytic gel is in electrolytic solution at optimized pH levels. In the optimized electrolytic medium, the performance of the gel can be optimal and the gel does not need to contact urine. However, placing the gel sphincter or valve directly inside the urine offers some benefits of not needing additional reservoir of solvent/electrolyte and the ionic and pH conditions of the urine can also be utilized to automatically control the properties of the gel.

In another aspect of certain embodiments, fibers and fiber bundles may be used to obtain certain advantages. A large number of thin tensile elements may provide greater strength (in a manner analogous to a rope made of multiple fibers tightly woven together). Weakening or breakage of individual hydrogel fibers should not have a significant deleterious effects and also variations in their composition or actuation parameters will not have a significant deleterious effect,

since the composite performance would matter in operating the sphincter. The strength, speed and other parameters may be controlled by electrical fields, electrochemical diffusion, solution surrounding the gel, and the mechanics of the fibers and fiber composite.

5           A description of a preferred embodiment of a hydrogel-based sphincter valve design follows. The valve comprises a mechanism that is made up of an actuator material shaped like a helix that coils around the urethral tubing. When activated, the helix contracts, similar to the coiling of a spring or a DNA molecule. As the helix coils, it constricts the urethral tubing, creating a sphincter. Release of  
10   the actuation uncoils the spring and opens the sphincter. The helical actuator preferably only contacts the silicone or polyurethane tubing and not the body fluids or body environment. The helical valve is small because it is essentially formed as a spring or coiled strand, loosely wrapped around the urethral tubing. In one preferred design, a sphincter using a bundle of muscle fibers is wrapped around a  
15   silicon tubing. The hydrogel fibers are actuated by the application of electrical field. The design preferably accommodates the full hydrogel muscle (made from many muscle fibers) in a very limited space (such as less than about 0.6 cm diameter) through the use of a helical sphincter.

          In one preferred embodiment, the sphincter valve 50 is mounted at the  
20   juncture of the bladder and the urethra. The sphincter 50 as illustrated in Fig. 5 is made from two annular rings: an inner ring 42 with a diameter of preferably about 0.25 cm and the outer ring 43 with a diameter of preferably about 0.5 cm. Hydrogel strips, wires, or fibers 44, 45, 46, 47 of preferably about 0.025 cm diameter or smaller and a length of preferably about 0.25 to about 5 cm are mounted between  
25   the inner ring 42 and the outer annular ring 43, preferably, however, at a stagger (preferably about 45 to 90 degree stagger between the inner and the outer annulus). As illustrated in Fig. 5A under normal conditions (without current), the sphincter remains open and allows passage of urine. As the fibers 44-47 are actuated by application of electrical current between the outer and the inner annulus, the fibers  
30   contract as illustrated in Fig. 5B. Because of the stagger, these fibers rotate the inner ring 42 with respect to the outer ring 43 as the fibers contract and thus open

the sphincters. This mechanism can be seen as something analogous to an iris of a camera (the shutter that opens and closes to allow light to reach the film). The sphincter may preferably be made of an outer tubing and an inner, softer tubing. The actual number of strands or fibers 44-47 may be significantly greater than 4, and may cover the whole inner annulus. The closed sphincter will have stiffer, shorter hydrogel strands; electrical activation results in softening and lengthening, leading to opening of the inner tube and urine voiding.

In yet another embodiment of a helical sphincter, a linear helical sphincter is utilized. This embodiment is designed in view of the limited space within which to mount the hydrogel fibers. Since in general one is limited to a urethral catheter of the size of about 0.5 cm diameter, it may be difficult to mount annular sphincters or valves. The embodiment illustrated in Fig. 6 utilizes construction of a linear sphincter 52 made from a long strand of fiber (one or more fibers) 51 wrapped helically onto the inner tubing 48, between the inner tubing 48 and the outer tubing 49, running from the bladder orifice to at least about 2.5 cm and up to 5 cm down. Essentially, the fiber 51 wraps around the inner tubing 48 throughout the length of the urethral tube. The sphincter works, as illustrated in Fig. 6 (b) by tightly coiling the fiber 51 around the inner tubing 48 and constricting it, thus impeding the flow of urine. The fiber action is initiated by the application of an electrical field. When the electric field is applied, the fibers constrict and thus tighten their noose around the inner tubing and forcing it to close and block the passage of urine. Because the fibers can be run along the length of the tubing, a thin fiber strand, like a thin rope, may be more readily placed inside the small catheter. The action of the linear sphincter may be considered to be analogous to wringing a towel or twisting a rope. The aforementioned embodiment provides a fail-safe mechanism of keeping the sphincter open in absence of power application and thus allowing the passage of urine. Because the action of the hydrogel constriction takes place throughout the length of the prosthesis, this embodiment is expected to result in a better distribution of fiber forces and a more complete closure of the sphincter. Note that the hydrogel may never contact urine and resides in the annulus, and may be bathed in saline or

an equivalent electrolyte. The electric field may be applied between the top and the bottom of the tubing.

While the designs described in aforementioned figures represents certain preferred embodiments, other embodiments are also envisaged. In another embodiment, the fibers constrict the sphincter under normal, unpowered condition\_ existing in absence of applied electric field. Thus, no urine is allowed to flow. When the field is applied, the fibers open the sphincter, and allow flow of urine. This design has the benefit that electric power is used only when the sphincter is opened when urine flow is desired.

10 In addition, certain embodiments are applicable to uses other than regulating the flow of urine. For example, embodiments may include devices and methods for controlling anal incontinence. Embodiments may also be applied to other locations in the body to regulate the flow of a substance in the body. For example, an embodiment located in the vicinity of the stomach along the digestive tract may find application in dieting or in otherwise controlling the amount and/or rate of digestion of food by regulating its flow.

While the invention described above presents some of the preferred embodiments, it is to be understood that the invention is not limited to the disclosed embodiment but rather covers various modifications and equivalent arrangements included within the spirit and scope of the appended claims.



What is claimed is:

- 1           1.       An implantable apparatus, comprising:  
2           a plug member including a lumen;  
3           a valve adapted to open and close the lumen in response to a signal;  
4           at least one sensor; and  
5           a controller adapted to control the valve.
- 1           2.       An apparatus as in claim 1, wherein the valve and controller are  
2           positioned within the plug member.
- 1           3.       An apparatus as in claim 2, wherein at least one sensor is positioned  
2           in or on the plug member.
- 1           4.       An apparatus as in claim 1, further comprising an energy storage  
2           device.
- 1           5.       An apparatus as in claim 1, wherein the plug member comprises a  
2           polyelectrolytic hydrogel.
- 1           6.       An apparatus as in claim 1, wherein the plug member includes a  
2           tapered portion.
- 1           7.       An apparatus as in claim 5, wherein the plug member is configured to  
2           fit into at least one location selected from the group consisting of the bladder and the  
3           urethra.
- 1           8.       An apparatus as in claim 1, wherein the plug member comprises a  
2           shape selected from the group consisting of cylindrical, conical, cork-shaped, and  
3           combinations of cylindrical, conical and cork-shaped.

- 1           9.     An apparatus as in claim 1, wherein the plug member comprises a  
2 resilient material.
- 1           10.    An apparatus as in claim 1, wherein the plug member comprises a  
2 hydrophobic micoporous material.
- 1           11.    An apparatus as in claim 1, wherein the valve is a one way valve.
- 1           12.    An apparatus as in claim 1, wherein the valve is a two-way valve.
- 1           13.    An apparatus as in claim 1, wherein the valve includes a piezoelectric  
2 actuator.
- 1           14.    An apparatus as in claim 1, wherein the valve includes a shape  
2 memory alloy.
- 1           15.    An apparatus as in claim 1, wherein the valve includes a hydrogel  
2 polymer.
- 1           16.    An apparatus as in claim 1, wherein the controller comprises an  
2 electronic controller selected from the group consisting of an ASIC and a  
3 programmable microprocessor.
- 1           17.    An apparatus as in claim 1, wherein the controller is programmable to  
2 open the valve to permit the flow of urine under at least one mode of operation  
3 selected from the group consisting of a predetermined time interval operation, a  
4 sensor operation, and a manual actuation operation.
- 1           18.    An apparatus as in claim 1, wherein the controller is programmable to  
2 operate under a time interval mode, a sensor mode, and a manual mode.

1           19.    The apparatus of claim 1, further comprising an external device  
2    comprising at least one of a second controller, a receiver, and a signal generator.

1           20.    The apparatus of claim 19, wherein the external device comprises a  
2    microprocessor, a transceiver, and an input mechanism.

1           21.    The apparatus of claim 20, wherein the external device comprises at  
2    least one of a display, an alarm, and a vibrator.

1           22.    The apparatus of claim 1, further comprising an external control  
2    device adapted to program the controller, the external control device adapted for use  
3    outside of a patient's body.

1           23.    A flow control apparatus for insertion into a patient's body  
2    comprising:  
3           an intravesicular pressure transducer; and  
4           a polyelectrolytic hydrogel.

1           24.    A sphincter comprising:  
2           an inner ring;  
3           an outer ring spaced a distance from the inner ring; and  
4           a plurality of hydrogel fibers extending between the inner ring and the outer  
5    ring.

1           25.    A sphincter as in claim 24, wherein said hydrogel fibers are  
2    actuatable in response to an electric current.

1           26.    A sphincter as in claim 24, wherein said hydrogel fibers extending  
2    between the inner ring and the outer ring have a length that is greater than the  
3    distance between the inner ring and the outer ring when there is no electrical current  
4    applied to the fibers.

1           27.    A sphincter as in claim 26, wherein the inner ring and outer ring are  
2   positioned in a substantially planar manner.

1           28.    A sphincter comprising:  
2           an inner tube;  
3           an outer tube surrounding the inner tube; and  
4           at least one hydrogel fiber wrapped around the inner tube;  
5           wherein the hydrogel fiber is designed to contract in response to a signal and  
6   close the inner tube.

1           29.    A sphincter as in claim 28, wherein the at least one hydrogel fiber is  
2   wrapped around the inner tube in a substantially helical manner.

1           30.    An apparatus for controlling urine flow in a patient, comprising:  
2           valve means for controlling the flow of urine, said valve means being  
3   implantable in the patient's body; and  
4           control means external to the patient's body for supplying a signal to control  
5   the valve means.

1           31.    An apparatus as in claim 30, wherein the control means external to  
2   the patient's body has a shape selected from the group consisting of a wristwatch-  
3   shaped device, a belt-worn device, and a beeper-shaped device.

1           32.    An apparatus as in claim 30, wherein the control means includes  
2   means for permitting the patient to control the time of the opening and closing of the  
3   valve means.

1           33.     An apparatus as in claim 32, wherein the means for permitting the  
2 patient to control the time of the opening and closing of the valve means comprises a  
3 sensor implanted in the patient which senses pressure purposely applied by the  
4 patient to trigger the opening of the valve means.

1           34.     An apparatus for controlling the flow of a substance in a patient's  
2 body, comprising:  
3                 an implantable valve disposed at a position along the route that the substance  
4 flows through the body; and  
5                 a controller for opening and closing the valve in response to an input  
6 provided by the patient.

1           35.     An apparatus as in claim 34, further comprising an implanted sensor  
2 which signals the controller to open the valve in response to the input provided by  
3 the patient.

1           36.     An apparatus as in claim 35, wherein the input provided by the patient  
2 is selected from the group consisting of a pressure signal and a timed signal.

1           37.     An apparatus as in claim 34, further comprising an external control  
2 device for sending a signal to the controller from a position outside of the patient's  
3 body.

1           38.    A method to control the flow of urine in a patient, comprising:  
2           implanting a plug device including an integral controller, a valve, and at least  
3   one sensor into the patient;  
4           sensing an increase in an intravesicular pressure in at least one of the bladder  
5   and urethra and supplying a signal to the controller in response to the pressure  
6   increase;  
7           opening the valve when the pressure reaches a first predetermined amount;  
8   and  
9           closing the valve when the pressure decreases to a second predetermined  
10   amount.

1           39.    A method as in claim 38, further comprising applying suprapubic  
2   pressure to supply a signal to the controller.

1           40.    A method for controlling the urinary flow of a patient, comprising:  
2           positioning a valve in the patient in a location selected from the group of the  
3   urethra and the bladder; and  
4           applying an electrical signal to the hydrogel component to actuate the valve  
5   and control the flow of urine.

1           41.    A method for controlling the opening and closing of an implanted  
2   valve in a patient, comprising:  
3           providing an implanted first control device in the patient to open and close  
4   the valve;  
5           providing a second control device outside of the patient; and  
6           programming the first control device by sending a signal from the second  
7   control device to the first control device.

1           42.    A method as in claim 41, wherein the signal from the second control  
2   device is generated by the patient.

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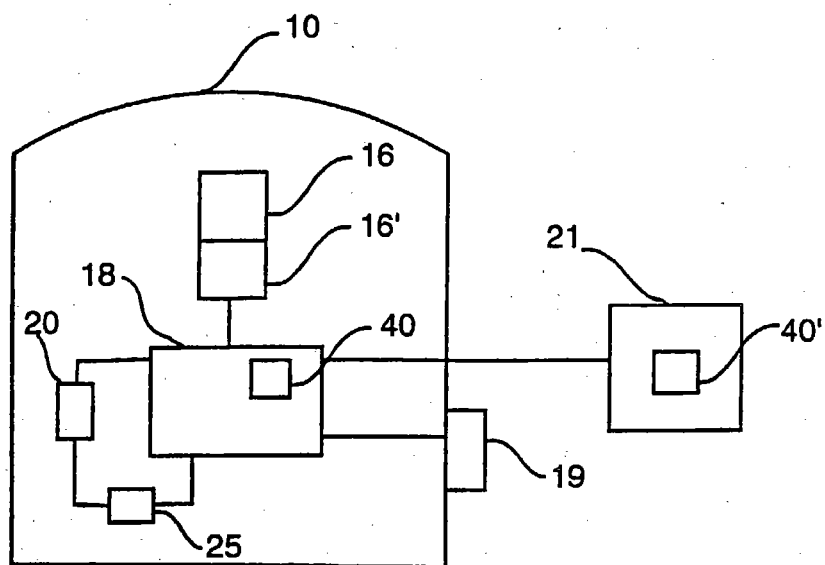


Fig. 1

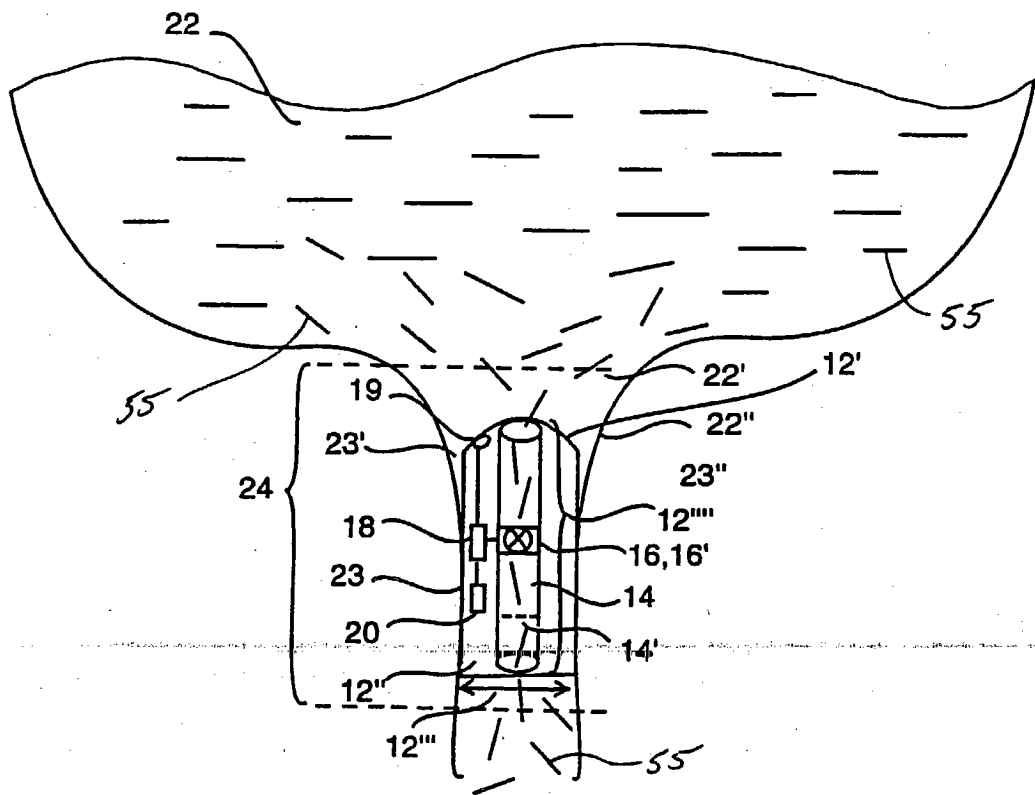


Fig. 2A



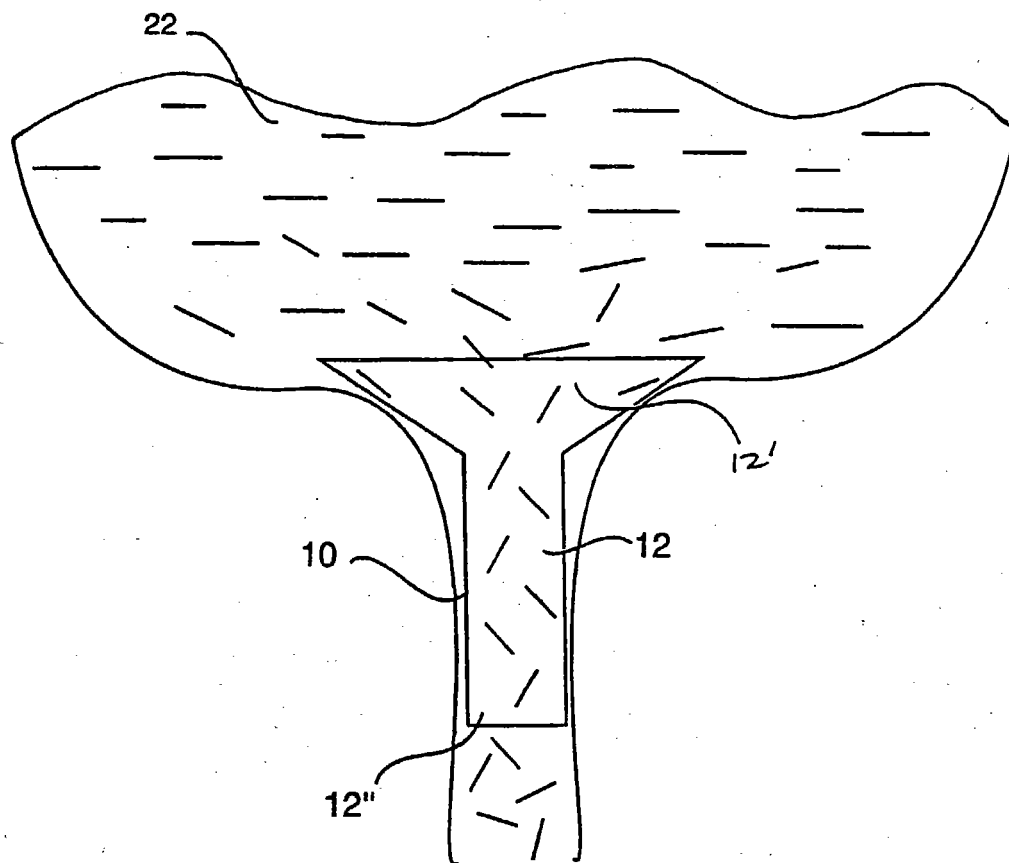


Fig. 2B

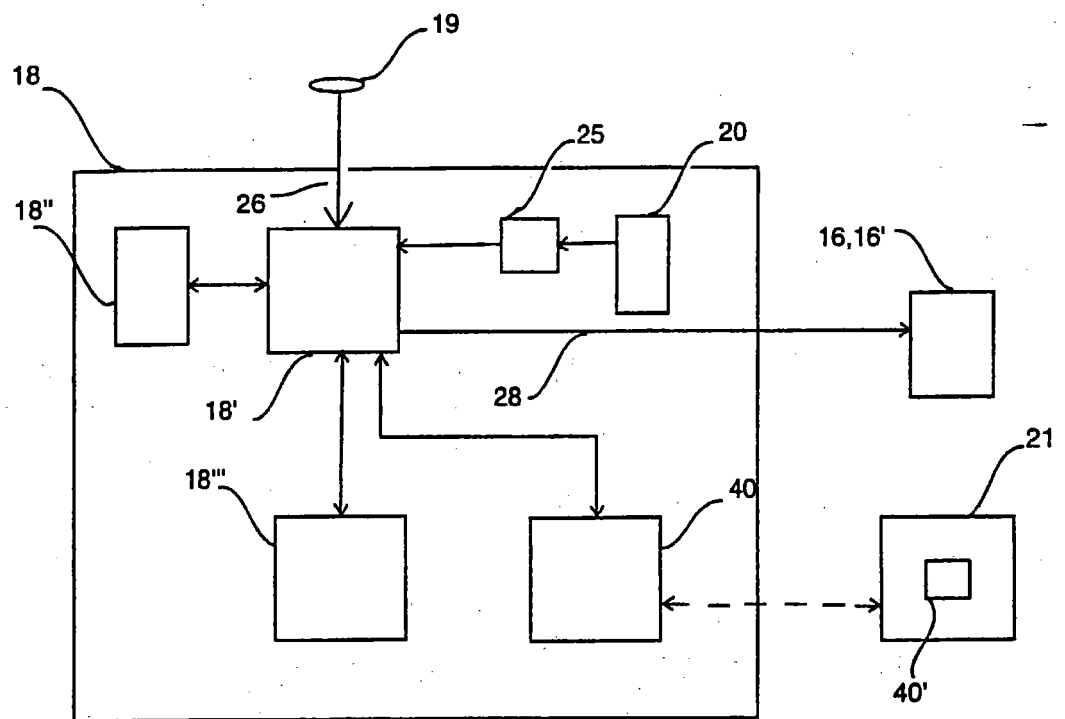


Fig. 3

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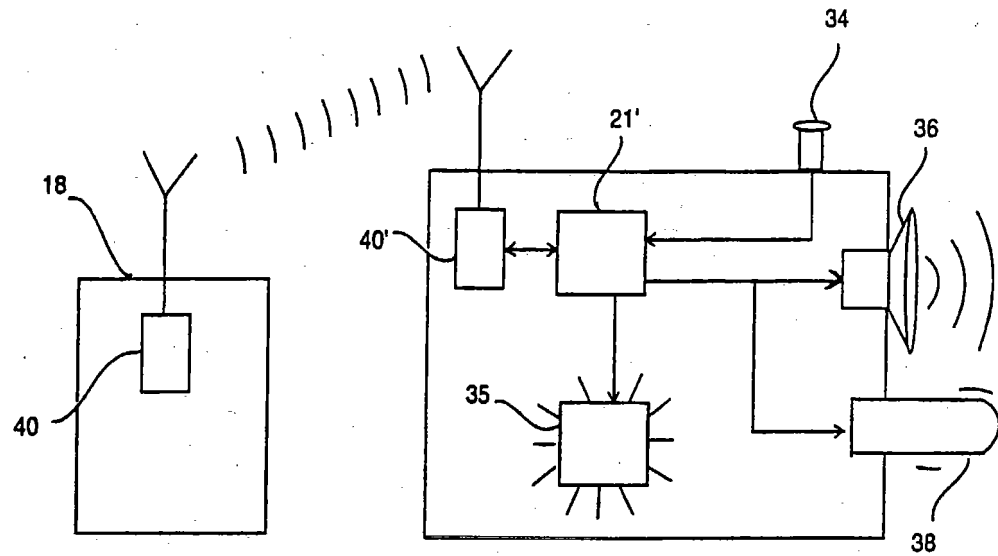


Fig. 4

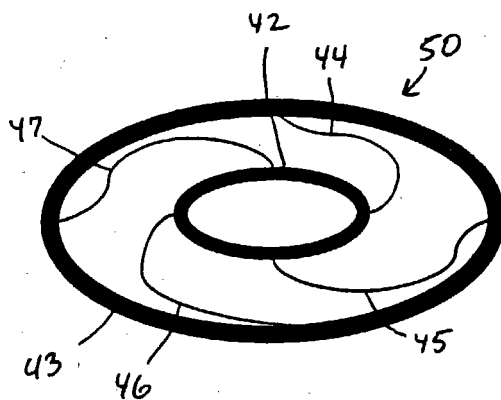


Fig. 5A

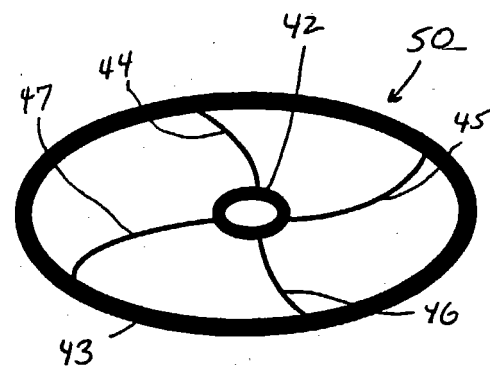


Fig. 5B

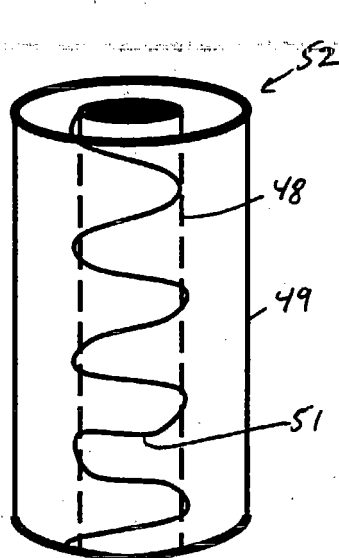


Fig. 6A

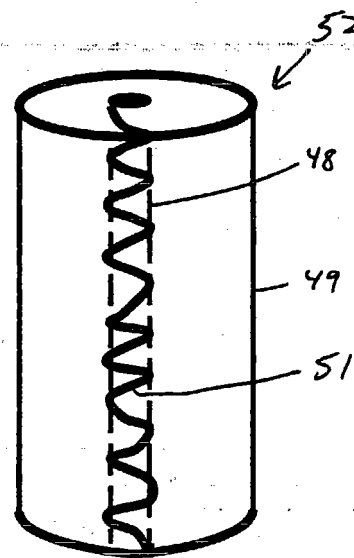


Fig. 6B

## INTERNATIONAL SEARCH REPORT

International application No.

PCT/US99/20377

## A. CLASSIFICATION OF SUBJECT MATTER

IPC(6) :A61F 2/00

US CL :600/029

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 128/DIG. 25; 600/029-032

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 5,704,893 A (TIMM) 06 January 1998, entire document.	1-42
A	US 5,609,559 A (WEITZNER) 11 March 1997, entire document.	1-42
A	US 4,850,963 A (SPARKS et al.) 25 July 1989. see entire document.	1-42
A	US 4,399,809 A (BARO et al.) 23 April 1983, entire document.	1-42

☐ Further documents are listed in the continuation of Box C.☐ See patent family annex.

* Special categories of cited documents:	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"A" document defining the general state of the art which is not considered to be of particular relevance	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
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"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"&" document member of the same patent family
"O" document referring to an oral disclosure, use, exhibition or other means	
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

22 NOVEMBER 1999

Date of mailing of the international search report

23 DEC 1999

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